



Introduction to the IBD Case Conference Series

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Interdependence is and ought to be as much the ideal of man as self-sufficiency. Man is a social being.-Mahatma Gandhi.

The world is increasingly collaborative and interdependent, creating challenges and new opportunities for rethinking how to perform basic and aspirational work. It is in this context, as the journal embarks on a new case conference series that focuses on inflammatory bowel disease, that we thank Dr. Kaunitz, editor-in-chief of *Digestive Diseases and Sciences*, for his guidance and leadership in allowing us to rethink the format and content of the “classic” clinicopathological case conference.

Published case conferences have influenced medical education for nearly a century. This format has been a powerful tool for physician education as its format simulates how physicians learn by using a sequence similar to that used by a clinician approaching a patient in the clinic. The classic format typically begins with the presentation of a challenging unknown case as part of a regular conference at a center where such cases are typically seen. The format follows with commentary on the case from discussants from multiple disciplines, and a final conclusion where the reader often cannot match the ability of the discussants to successfully recognize and discuss the rare condition or atypical presentation of the common condition just presented. The two questions to ask are should this successful traditional format receive an update for our new series focused on IBD and is our proposed approach correct?

We will of course include several of the successful components of the traditional case conference in this new series. Nevertheless, our approach will differ in that it will draw on the expertise of several IBD centers across the country and identify a pre-specified curriculum of cases that can be a standalone instructional series for the modern management of IBD. Accordingly we have titled this series

MUSE:IBD—MULTicenter SEminars: IBD. As examples, our first few introductory cases will summarize key “pearls” derived from the multidisciplinary case discussion that occurred on topics such as chromoendoscopy and the management of colorectal dysplasia in IBD, lymphoma, therapeutic drug monitoring, and checkpoint inhibitor-related colitis. The format will be succinct and to the point, highlighting data that can be used by the practicing clinician to improve his or her specific knowledge with the goal of improving the care of IBD patients.

It is true that one IBD center could have hosted this series, as each of our partner centers is self-sufficient with regard to the breadth of cases and expertise. Nonetheless, we feel there is much to be learned by having four partnering IBD centers with significant expertise (University of California San Francisco, Brigham and Women’s Hospital, Kaiser Permanente Northern California, and the University of Pennsylvania), each characterized by a distinctive case composition and approaches to care, collaborating together and essentially searching across the country in each high-volume center for the cases that best exemplify the educational goals of this new series.

On behalf of the co-editors for this series, we hope you will enjoy this deliberate approach and update to the classic clinicopathologic case conference. To extrapolate from the introductory quote above, our multi-institutional approach embodies our ideal vision for this series. Given that physicians are social beings, we welcome all feedback from the readership of DDS and humbly look forward to making changes based on constructive feedback with the goal of continually improving the educational and clinical value of this exciting new series.

Sincerely,
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